

NOGALES POLICE RECORDS520-285-5826 www.nogalesaz.gov/police

The information you provide will assist Nogales Police Department Records Division in fulfilling your request.
Under Arizona Law some information may be protected and not releasable.

Name of Requestor: _____ **Date:** _____

Address: _____

Phone: _____ **Email:** _____

Case Report/Collision -\$5.00

Case Report Number: _____

Date/time of Incident: _____

Location of Incident: _____

Type of Incident: _____

Name(s) of Person Involved: _____

Delivery Options - \$5.00

Email Report (Email address: _____)

Mail: (Mailing Address: _____)

Pick-Up: (Call Back Number: _____) *Tuesdays and Thursdays between 09:00 am - 05:00 pm ONLY*

911 Audio Recordings (\$5.00 per recording (Digital) or \$25.00 per CD/DVD)

-UNCLAIMED REQUESTS WILL BE DESTROYED AFTER 30 DAYS -

Background Check Letter -\$5.00

Government Issued photo ID must be provided at the time of request.

Name: _____ **Date of Birth:** _____
(LAST) (FIRST) (MM/DD/YYYY)

Former/Maiden/Alias Names: _____

Current Address _____ ****Social Security Number:** ____-____-____

Email address _____ ***Provision of your Social Security Number is to ensure accuracy in checking your criminal history information. You may choose not to provide this information, however, that may hinder the ability to provide accurate information.*

Phone Number _____

Records Use Only

Processed (Date/Time) : _____ **Notification (Date/Time):** _____

Disseminated: ___ Email ___ Mail ___ In-Person

Payment: On-line (Confirmation # _____) ___ Cash ___ Check/Money Order (# _____)

Type of Info Released: ___ Report ___ Clearance Letter ___ Recording(s)

DS Main # _____ **Clerk #** _____